

**FORM TO NOMINATE AN ELIGIBLE BENEFICIARY TO RECEIVE THE OPTION (c) RETIREMENT ALLOWANCE PAYABLE IN THE EVENT THE MEMBER DIES BEFORE BEING RETIRED**

I, \_\_\_\_\_, a member of the **STATE EMPLOYEES' RETIREMENT SYSTEM** hereby nominate under Option (d) effective under the provisions of section 12 (2) of Chapter 32 of the General Laws as amended \_\_\_\_\_

(Print Name) (Name of Eligible Beneficiary)\*

\_\_\_\_\_

(Beneficiary Address)\*

my \_\_\_\_\_ whose birth date is \_\_\_\_/\_\_\_\_/\_\_\_\_ and Social Security number is \_\_\_\_\_ to receive from the retirement system the amount of the Option (c) retirement allowance, which would otherwise be payable to me in the event I die before being retired.

(Relationship to Member)\*

*In the event of my retiring, Option (d) form becomes void.*

**FILE BIRTH RECORD OF THE BENEFICIARY WITH THIS FORM.**

**IF BENEFICIARY IS SPOUSE WE REQUIRE A COPY OF MARRIAGE CERTIFICATE.**

_____ (Date Signed)	_____ (Member Signature)
_____ (Social Security Number)	_____ (Address)
_____ (Date Signed)	_____ (Witness Signature)
	_____ (Address)

**\*Eligible Beneficiary is defined in the statute as:  
spouse, child, father, mother, sister, or brother of member, or unmarried former spouse.**

**Selection of a beneficiary as outlined here does not impact your eligible spouse's right to elect a retirement allowance should you pass away prior to retirement.**

**Please return completed form to:** State Board of Retirement, One Ashburton Place – Room 1219, Boston, MA 02108-1607  
For more information call (617) 367-7770 or 1-800-392-6014 (Mass. only) – Fax # (617) 723-1438

**Please notify the Retirement Board of any change of address.**